

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	4		1			
6	8		1			
7	10		1			
8	10		1			
9	9		1			
10	9		1			
11	10		1			
12	2		1			
13	2		1			
14	2		1			
15	2		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	4		1			
21	8		1			
22	8		1			
23	2		1			
24	2		1			
25	2		1			
26	2		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	4		1			
32	5		1			
33	2		1			
34	1		1			
35	2		1			
36	2		1			
37	2		1			
38	1		1			
39	1		1			
40	1		1			
41	2		1			
42						
43						
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48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	38	←		←
TOTAL CLAIMS		41				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS			←		←	